

U.S. Department of Labor

Wage and Hour Division
Springfield Area Office
3161 W. White Oaks Dr., Suite 203
Springfield, IL 62704
Telephone: (217) 793-7030



July 29, 2016

CERTIFIED MAIL RETURN RECEIPT REQUESTED: # 7015 0920 0001 9363 6556

Mr. Patrick Michael O'Neal, President
PAR Partnership, Inc.
d/b/a Outdoor Solutions
1400 Shawnee Ct.
Arnold, MO 63010

Subject: Final and Unappealable Order of the Secretary of Labor for PAR Partnership,
Inc. d/b/a Outdoor Solutions

Reference #: 1700488

Dear Mr. O'Neal:

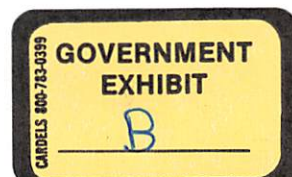
This is in reference to the recent investigation of your firm under the H-2B provisions of the Immigration and Nationality Act (INA) as amended, 8 U.S.C. §§ 1101(a)(15)(H)(ii)(b) et seq., 1184(c)(14).

We notified you by letter dated April 25, 2016 of a back wage assessment in the amount of \$298,612.00 and a civil money penalty assessment in the amount of \$56,200.00. **You have failed to make a timely request for a hearing. Therefore, the determination of the Administrator became a final and unappealable Order of the Secretary of Labor on June 17, 2016.** A certified check or money order in the net amount of back wages should be made payable to the names of the individuals owed back wages or "Wage and Hour Division - Labor" and must be submitted to the U.S. Department of Labor, Wage and Hour Division, 1222 Spruce St., RM 9.102B, St. Louis, MO 63103.

The civil money penalty assessment is due immediately to "Wage and Hour Division, U.S. Department of Labor." Payment by certified check or money order shall be delivered or mailed to U.S. Dept. of Labor, Wage and Hour Division, 230 S. Dearborn St., RM 530, Chicago, IL 60604.

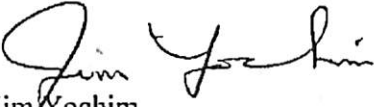
As you were advised in the determination letter, this debt is subject to the assessment of interest, administrative cost charges and penalties in accordance with the Debt Collection Improvement Act of 1996 and U.S. Department of Labor policies. Interest will be assessed at the Treasury Tax and Loan Account rate on any principal that becomes delinquent. The rate is currently 1%. Administrative cost charges will be assessed to help defray the Government's cost of collecting this debt. A penalty at the rate of 6% will be

*St. Louis District Office
Working for America's Workforce*



assessed on any portion of the debt remaining delinquent for more than 90 days. At this point this case is being referred to the Regional Office for appropriate collection action.

Sincerely,


 Jim Yochim
 Assistant District Director

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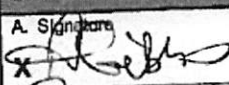

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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Sent To
 Street & Apt. No.,
 or PO Box No.
 City, State, ZIP+4

Outdoor Solutions

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Patrick O'Neal</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>AUG 03 2016</p>
<p>1. Article Addressed to:</p> <p><i>Patrick O'Neal, Pres Outdoor Solutions 1400 Shawnee Ct. Arnold, MO 63010</i></p> <p> 9590 9402 1668 6053 9876 50</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express[®]</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered MailTM</p> <p><input checked="" type="checkbox"/> Certified Mail[®] <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise[™]</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature ConfirmationTM</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7015 0920 0001 9363 6556</p>	<p>Restricted Delivery</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt